

1. FEDERAL LANDHOLDING AGENCY:
2. PROPERTY:
3. ADDRESS:
4. GSA INVENTORY CONTROL NO. (if available): _____ -
5. PREVIOUSLY REPORTED TO HUD? ☐ Yes ☐ No
6. PROPERTY DESCRIPTION: ☐ Buildings ☐ Vacant Land ☐ Other (improved land)
 - A. Current status: ☐ Unutilized ☐ Underutilized ☐ Excess ☐ Surplus
If excess or surplus, GSA Control No.:
 - B. If underutilized, type of underutilization:
☐ Portion ☐ Seasonal ☐ Intermittent ☐ Other
(Describe):
 - C. Predominant surrounding land use:
 - D. Unusual physical features or impediments:
 - E. Legal constraints (right of entry, covenants, permits, licenses, etc.):
 - F. Other (comments):
7. BUILDING DESCRIPTION:
 - A. Age:
 - B. Structure type:
 - C. Size (usable square feet per floor):
 - D. Number of floors:
 - E. Current or most recent use (storage, residential, office, etc.):
 - F. If occupied, Indicate:
 - i. Percentage of total space occupied or otherwise in use: _____ percent.
 - ii. Expiration date(s) of any existing lease(s) or renewal period(s):

8. BUILDING CONDITION: Meets or has the potential to meet the following criteria:

	MEETS		POTENTIAL	
	Yes	No	Yes	No
A. Operating sanitary facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Electric power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indicate (if known) distance to nearest utility hook-up(s):				
E. Heating facilities adequate for climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Structurally sound				
i. Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Roofs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Interior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Describe general condition or extent of repairs needed:				

9. VACANT LAND:

- A. Size (acres, square footage):
- B. Description of improvements (i.e. paved, etc.):
- C. Current or most recent use:
- D. If occupied, indicate:
 - i. Percentage of total land area occupied or otherwise in use: _____ percent.
 - ii. Expiration date of any existing lease or renewal period:

10. VACANT LAND CONDITION: Meets or has the potential to meet the following criteria:

	MEETS		POTENTIAL	
	Yes	No	Yes	No
A. Operating sanitary facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Electric power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indicate (if known) distance to nearest utility hookup(s):				

11. ACCESS:

- A. Does this property have public access? ☐ Yes ☐ No
- If yes, how (road, other):

 If no, indicate:

- i. Distance to the nearest road:
- ii. Type of terrain:
- iii. Miles to nearest town/city:

 Accessible by public transportation: ☐ Yes ☐ No

 Type of transportation:

12. ENVIRONMENTAL SUITABILITY:

- A. Is the property subject to contamination by toxic or hazardous materials or waste?

☐ Yes ☐ No

Identify the basis for determination (submit documents):

If yes, also identify:

- i. Nature of contaminants:
- ii. Location of contaminants:
- iii. Extent (percentage of building or number of acres affected) of contaminants:
- iv. Any scheduled clean-up plans (include projected date of completion and estimate of cost, if known):

- B. Is an industrial/commercial Federal facility handling flammable or explosive material (excluding underground storage) located on the property or within 2,000 feet of its boundary (exclude underground storage, gasoline stations, tank trucks, and any above-ground container(s) with a capacity of 100 gallons or less of such materials)?

☐ Yes ☐ No

If yes, indicate:

- i. Number of acres located more than 2,000 feet from such facility:
- ii. Nature of the facility and material:

- C. Is any portion of the property located within an airport runway clear zone?

☐ Yes ☐ No

If yes, indicate the portion (percentage) of the property which is so located: _____ %

- D. Is any portion of the property located within a 100 year floodplain? (note that the fact that a Federal property is not included in an existing floodplain map or study does not, by itself, justify a "No" answer.) ☐ Yes ☐ No

- E. Is the property impacted by any other environmental condition which might jeopardize the safety of occupants of the property (e.g., friable asbestos, PCBs, radon, periodic flooding)? ☐ Yes ☐ No

Indicate:

- i. Basis for determination (submit document):
- ii. Nature of condition:
- iii. Extent of condition:
- iv. Location of condition:

- F. Are there any other known environmental condition which could affect or be impacted by the occupancy of the property (e.g., endangered species, wild and scenic rivers, wetlands, historic properties, storm water runoff, etc.)?

☐ Yes ☐ No ☐ Undetermined

If yes, for each:

- i. Describe the environmental condition:
- ii. Describe the potential impact:
- iii. Basis for the determination (submit document):

13. SECURITY:

- A. Is the property located in a secure facility to which the general public is denied access?
☐ Yes ☐ No
- B. If the answer above is yes, can alternative access be provided for the general public without compromising security requirements: ☐ Yes ☐ No

Indicate method of providing access:

14. LIMITATIONS ON USE:

- A. Are there now, or are there anticipated to be, any other limitations not previously described on the use of this property to assist the homeless for a period of one year or more? ☐ Yes ☐ No

If yes, describe the limitation:

- B. Does the limitation currently exist? ☐ Yes ☐ No

If no, when will any limitation take effect (date of effect)?

15. CHECKLIST CONTACT PERSON (name):
(title):

Telephone number: